

Senior Judge Appointment Request

(pursuant to Ind. Code 33-23-3-1, *et. seq.*)

Date: _____ / _____ / _____

Please complete one form for each senior judge requested. Completed forms should be sent to:

*Division of State Court Administration
Attention: Senior Judge Appointments
115 West Washington Street, Suite 1080
Indianapolis, IN 46204*

or by fax to (317) 233-6586.

Requesting Judge: _____

Requesting Court / Division: _____

Court Address: _____

Contact e-mail: _____

Signature of Requesting Judge: _____

Senior Judge Requested: _____

Reason for request: _____

Requested duration of appointment: _____

Division Use Only Below Line

☐ LOG

☐ LTR

☐ ORD

☐ ROS

☐ INT